

**MEDICARE MODERNIZATION ACT  
(MMA)  
STATE FILE SPECIFICATIONS AND  
DATA DICTIONARY**

*Specialized for  
State/Plan Reconciliation:  
Full Dual Beneficiaries*

**March 2006**

# Technical Instructions for Submitting State Reconciliation Files of Full Dual Eligibles

## State Reconciliation Files of Full Dual Eligibles

CMS and the States have entered into demonstration agreements to provide reimbursement to States for Medicaid drug payments made in support of Part D implementation. This document specifies the process to transfer the file representing the first step of that process. This file will be submitted using the existing format and specifications (with minor modifications) used by States to transmit monthly dual eligible enrollment information needed for Part D operations.

This file will include a record for each person-month of full dual eligible enrollment on which the State based a payment for drug services which would have been covered by the Part D benefit. For each Medicaid drug payment made beginning January 1, 2006 through the cutoff date specified in the demonstration, we need an enrollment record corresponding to the month of the service (prescription fill) date. These records, once evaluated and updated for current enrollment and low-income subsidy (LIS) status, will be used by our claims reconciliation contractor to process State claim records.

This specification document defines the process for this file submittal process in the following sections:

1. State ~~ReconciliationEnrollment~~ File Specifications
2. ~~ReconciliationEnrollment~~ Return File Specifications

The ~~monthly~~-State ~~ReconciliationEnrollment~~ File will be transferred using Connect:Direct electronic file transfer. This file transfer medium and naming convention is the same as that used for the monthly dual enrollment files. The ~~ReconciliationEnrollment~~ Return File from CMS will be transferred to the State using the same Connect:Direct medium.

Refer technical support questions regarding file specifications or the submittal process to our technical assistance mailbox at:

[StateMMAdatafeed@cms.hhs.gov](mailto:StateMMAdatafeed@cms.hhs.gov)

File transmission issues should also be sent to [MBDUser@cms.hhs.gov](mailto:MBDUser@cms.hhs.gov) and called to 1 800-924-4736

## Section 1: State ~~Reconciliation~~ Enrollment File Specifications

This file must include a person-month record for each Medicare/Medicaid full dual eligible for whom the State has made a Medicaid drug payment and is claiming repayment from the Medicare Part D program. The file will also include a record for each individual and month for which the state has made a qualifying drug payment. The Record Identifier field in both the header and detail records will identify if the record is an enrollment detail record (“RCF”, for reconciliation file.)

Note that partial dual eligibles with low-income subsidy and other individuals involved in State Pharmacy Assistance Programs (SPAPs) will be submitted at a later date using a specifications to be provided in a separate document.

### **This file is like the normal monthly file submittal in the following ways:**

1. The files use the same record layout for the incoming records from the States and the return file records.
2. The records each represent a person-month of enrollment
3. The state files and return files are transmitted using the same Connect: Direct electronic file transfer process.

### **This file differs from the normal monthly file submittal in the following ways:**

1. This file, while using the same record layout, defines the following fields differently:
  - a. Record Ident Code (in ~~both header and detail~~ records) = “RCF”.
  - b. Eligible Month/Year is renamed as Service Month/Year to emphasize that this person-month record is associated with a specific prescription-fill month.
  - c. Eligibility Status is defaulted to “Y”; i.e., this file should include no records other than active full dual eligibles for the service month.
  - d. Dual Status Code – should only include values 02, 04, and 08 representing full dual eligibles.
  - e. The Low-Income-Subsidy (LIS) History section of the record (positions 121-180) are to be treated as filler space.
  - f. The return file excludes some data fields as indicated in the field specifications.
  - g. The return file redefines specific error code fields to provide the State additional detail on the findings of individual records as indicated in the field specifications.  
Reconciliation error codes will appear in the Assessment Result Codes section 0205 - 0228 replacing the LIS error codes
  - h. The File and Month SUMMARY RECORDS include some changes in the definitions of the summary statistics as defined in the field specifications.
2. The file includes person-month records from multiple months of service coverage based on drug service delivery date.
3. While we prefer State submittal of a final file after all drug claims have been processed, States can send additional files representing additional person-months for which drug claims were paid.
4. These files can be submitted at any time in the month; as opposed to the normal monthly files which must be submitted after the 14<sup>th</sup> of the month.

## **File and Record Specifications**

### **Data Types:**

**9(x)** = Numeric characters; where “9” indicates a numeric data type and “x” is the field length

**X(x)** = Alphanumeric characters with field length (x)

**DATES** = ALL DATES WILL BE IN MMDDCCYY FORMAT (month, day, century, year)

NOTE: Entries of numeric data fields will be right-justified within the field and entries alphanumeric data fields will be left-justified within the field.

## **File Format:**

File naming standard – P#DDP.#DDP3.CMS.IN.ELIGIBLE.ss

Where “ss” represents the FIPS State abbreviation, see table below:

Mainframe EBCDIC file format, FB

Record Lengths:

HEADER LRECL= 180, (40 + 140 space filled),

DETAIL LRECL=180,

TRAILER LRECL=180, (40 + 140 space filled).

-Where “FB” = Fixed Block, and “LRECL” = Record Length

## **STATE CODE ABBREVIATIONS TABLE**

### **State Code - Valid Code**

Alabama	AL	Missouri	MO
Alaska	AK	Montana	MT
Arizona	AZ	Nebraska	NE
Arkansas	AR	Nevada	NV
California	CA	New Hampshire	NH
Colorado	CO	New Jersey	NJ
Connecticut	CT	New Mexico	NM
Delaware	DE	New York	NY
District of		North Carolina	NC
Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	Utah	UT
Maine	ME	Vermont	VT
Maryland	MD	Virginia	VA
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY

## **RECONCILIATION FILE TO CMS** **FULL DUAL**

### Header Record Physical Layout

<u>FIELD NAME</u>	<u>FORMAT</u>	<u>&lt;-----POSITION-----&gt;</u>	
		<u>START</u>	<u>END</u>
RECORD IDENT CODE	X(03)	001	003
STATE CODE	X(02)	004	005
CREATE MONTH	9(02)	006	007
CREATE YEAR	9(04)	008	011
FILLER	X(169)	012	180

# RECONCILIATION FILE TO CMS

## FULL DUAL

### Header Record Data Element Specifications

DATA ELEMENT NAME	SPECIFICATIONS
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RECORD IDENT CODE	<p><b>This field will require the value "RCF"</b></p> <p>The value "RCF" allows for CMS file transmission applications to recognize the file as the State-to-Plan Reconciliation File for Full Dual Beneficiary analysis.</p>																																																																																																											
STATE CODE	<p><b>State Code - Valid Code</b></p> <table><tr><td>Alabama</td><td>AL</td><td>Missouri</td><td>MO</td></tr><tr><td>Alaska</td><td>AK</td><td>Montana</td><td>MT</td></tr><tr><td>Arizona</td><td>AZ</td><td>Nebraska</td><td>NE</td></tr><tr><td>Arkansas</td><td>AR</td><td>Nevada</td><td>NV</td></tr><tr><td>California</td><td>CA</td><td>New Hampshire</td><td>NH</td></tr><tr><td>Colorado</td><td>CO</td><td>New Jersey</td><td>NJ</td></tr><tr><td>Connecticut</td><td>CT</td><td>New Mexico</td><td>NM</td></tr><tr><td>Delaware</td><td>DE</td><td>New York</td><td>NY</td></tr><tr><td>District of Columbia</td><td>DC</td><td>North Carolina</td><td>NC</td></tr><tr><td>Florida</td><td>FL</td><td>North Dakota</td><td>ND</td></tr><tr><td>Georgia</td><td>GA</td><td>Ohio</td><td>OH</td></tr><tr><td>Hawaii</td><td>HI</td><td>Oklahoma</td><td>OK</td></tr><tr><td>Idaho</td><td>ID</td><td>Oregon</td><td>OR</td></tr><tr><td>Illinois</td><td>IL</td><td>Pennsylvania</td><td>PA</td></tr><tr><td>Indiana</td><td>IN</td><td>Rhode Island</td><td>RI</td></tr><tr><td>Iowa</td><td>IA</td><td>South Carolina</td><td>SC</td></tr><tr><td>Kansas</td><td>KS</td><td>South Dakota</td><td>SD</td></tr><tr><td>Kentucky</td><td>KY</td><td>Tennessee</td><td>TN</td></tr><tr><td>Louisiana</td><td>LA</td><td>Texas</td><td>TX</td></tr><tr><td>Maine</td><td>ME</td><td>Utah</td><td>UT</td></tr><tr><td>Maryland</td><td>MD</td><td>Vermont</td><td>VT</td></tr><tr><td>Massachusetts</td><td>MA</td><td>Virginia</td><td>VA</td></tr><tr><td>Michigan</td><td>MI</td><td>Washington</td><td>WA</td></tr><tr><td>Minnesota</td><td>MN</td><td>West Virginia</td><td>WV</td></tr><tr><td>Mississippi</td><td>MS</td><td>Wisconsin</td><td>WI</td></tr><tr><td></td><td></td><td>Wyoming</td><td>WY</td></tr></table>				Alabama	AL	Missouri	MO	Alaska	AK	Montana	MT	Arizona	AZ	Nebraska	NE	Arkansas	AR	Nevada	NV	California	CA	New Hampshire	NH	Colorado	CO	New Jersey	NJ	Connecticut	CT	New Mexico	NM	Delaware	DE	New York	NY	District of Columbia	DC	North Carolina	NC	Florida	FL	North Dakota	ND	Georgia	GA	Ohio	OH	Hawaii	HI	Oklahoma	OK	Idaho	ID	Oregon	OR	Illinois	IL	Pennsylvania	PA	Indiana	IN	Rhode Island	RI	Iowa	IA	South Carolina	SC	Kansas	KS	South Dakota	SD	Kentucky	KY	Tennessee	TN	Louisiana	LA	Texas	TX	Maine	ME	Utah	UT	Maryland	MD	Vermont	VT	Massachusetts	MA	Virginia	VA	Michigan	MI	Washington	WA	Minnesota	MN	West Virginia	WV	Mississippi	MS	Wisconsin	WI			Wyoming	WY
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CREATE MONTH	<p>Month Code for Current Month - Valid Values (01 - 12)Calendar Month equals Month the file is created (e.g. January=01, December=12)</p> <p>This is the month in which the State Reconciliation File was created by the state.</p>																																																																																																											
CREATE YEAR	<p>Year Code for Current Year - i.e. 2006</p>																																																																																																											

	<p>Current Year equals Calendar Year the file is created</p> <p>This is the year in which the State Reconciliation File was created by the state.</p>
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# RECONCILIATION FILE TO CMS FULL DUAL

## Detail Record Physical Layout

<u>FIELD NAME</u>	<u>FORMAT</u>	<u>&lt;-----POSITION-----&gt;</u>	
		<u>START</u>	<u>END</u>
RECORD IDENT CODE	X(03)	001	003
ELIGIBILITY MONTH/YEAR	9(06)	004	009
ELIGIBILITY STATUS	X(01)	010	010
HIC	X(15)	011	025
HIC-RRB IND	X(01)	026	026
SOCIAL SECURITY NUM	9(09)	027	035
SMA IDENTIFIER	X(20)	036	055
FIRST NAME	X(12)	056	067
LAST NAME	X(20)	068	087
MIDDLE NAME	X(15)	088	102
SUFFIX NAME	X(04)	103	106
SEX	X(01)	107	107
DATE OF BIRTH	9(08)	108	115
DUAL STATUS CODE	9(02)	116	117
FPL % IND	9(01)	118	118
DRUG COVERAGE IND	9(01)	119	119
INSTITUTIONAL STATUS IND	X(01)	120	120

NOTE: The following fields are based on Part D Subsidy applications processed by the state  
**THE FOLLOWING FIELDS WILL NOT BE USED IN RECONCILIATION ANALYSIS OF FULL DUALS.**

PART D SUBSIDY APPRVD	X(01)	121	121
PART D SUBSIDY APPRVD			
DATE	9(08)	122	129
PART D SUBSIDY START			
DATE	9(08)	130	137
PART D SUBSIDY END			
DATE	9(08)	138	145
PART D % OF FPL	9(03)	146	148
PART D SUBSIDY LEVEL	9(03)	149	151
INCOME USED FOR			
DETERMINATION	X(01)	152	152
RESOURCE LEVEL	X(01)	153	153
BASIS OF PART D			
SUBSIDY DENIAL	X(01)	154	154
RESULT OF AN APPEAL	X(01)	155	155
CHANGE TO PREVIOUS			
DETERMINATION	X(01)	156	156
DETERMINATION CANCLD	X(01)	157	157
FILLER	X(23)	158	180

# **RECONCILIATION FILE TO CMS**

## **FULL DUAL**

### **Detail Record Data Element Specifications**

<b>DATA ELEMENT NAME</b>	<b>SPECIFICATIONS</b>
RECORD IDENT CODE	<p>MANDATORY</p> <p>This field will require the value "DET" for all detail records. Values other than "DET" will cause the record to be rejected.</p>
SERVICE MONTH/ SERVICE YEAR  <i>ELIGIBILITY MONTH/YEAR</i>	<p>MANDATORY</p> <p>Format :MMCCYY</p> <p>Calendar Month/Year for the month in which the claim service date occurred. Values before 012006 will cause the detail record to be rejected.</p>
ELIGIBILITY STATUS	<p>MANDATORY</p> <p>This field will require the value "Y" for all detail records. Values other than "Y" will cause the record to be rejected.</p>
HIC	<p>MANDATORY if Social Security Number is not provided.</p> <p>Health Insurance Claim Number or Railroad Retirement Board Number</p> <p>(NOTE: Alphanumeric Field - LEFT JUSTIFIED)</p>
HIC-RRB IND	<p>NOT MANDATORY</p> <p>Indicator for HIC or RRB - Valid Values: "R" for RRB and "H" for HIC</p>
SOCIAL SECURITY NUM	<p>MANDATORY if Health Insurance Claim Number or Railroad Retirement Board Number not provided.</p> <p>Beneficiary's own Social Security Number.</p>
SMA IDENTIFIER	<p>MANDATORY</p> <p><b>State Medicaid Agency Enrollee Identifier - For use by state in associating records on return file. For use by Claims Contractor to route</b></p>

	<b>claims during State/Plan Reconciliation.</b>  <b>If there is no value in this field, the detail record will be rejected.</b>
FIRST NAME	MANDATORY  First Name (First 12 letters)
LAST NAME	MANDATORY  Last Name (First 20 letters)
MIDDLE NAME	NOT MANDATORY  Middle Name (First 15 letters)
SUFFIX NAME	MANDATORY if known.  Suffix Name (First 4 letters)e.g., JR, III
SEX	MANDATORY  Beneficiary Gender - Sex code values F=Female, M=Male, 9=Unknown
DATE OF BIRTH	MANDATORY  MMDDCCYY: Month, day, century and year of Beneficiary Birth, (e.g. May 5, 1935 = 05051935). If unknown = '99999999'
DUAL STATUS CODE	MANDATORY  <b>If the value in this field is not 02, 04, or 08, then the record will be rejected.</b>  01 = Eligible is entitled to Medicare- QMB only 02 = Eligible is entitled to Medicare- QMB AND Full Medicaid coverage 03 = Eligible is entitled to Medicare- SLMB only 04 = Eligible is entitled to Medicare- SLMB AND Full Medicaid coverage 05 = Eligible is entitled to Medicare- QDWI 06 = Eligible is entitled to Medicare- Qualifying individuals 08 = Eligible is entitled to Medicare- Other Full Dual Eligibles (Non QMB, SLMB,QWDI or QI)with Full Medicaid coverage 09 = Eligible is entitled to Medicare - Other Dual Eligibles but without Medicaid coverage, includes Pharmacy Plus and 1115 drug-only demonstration. If unknown = 99.
FPL % IND	MANDATORY if known.

	<p>Federal Poverty Level Indicator. Values: 1=at or below 100% FPL, 2=above 100% FPL. FPL is determined using the individual state's income rules.</p> <p>If unknown = 9. Include income based on the eligibility intake system, but do not derive this field from the Dual Status Code. If it is necessary to replace unknown FPL % IND values, CMS will derive the value using consistent rules.</p>
DRUG COVERAGE IND	<p>NOT MANDATORY</p> <p>0=no drug coverage by Medicaid; 1= Medicaid drug coverage.</p> <p>If unknown = 9. Effective January, 2006 code this field as 9.</p>
INSTITUTIONAL STATUS IND	<p>MANDATORY</p> <p>Indicator of NURSING FACILITY, INTERMEDIATE CARE FACILITY/MENTALLY RETARDED or INPATIENT PSYCHIATRIC HOSPITAL: Values "Y" or "N".</p> <p>If unknown = "9". Code this field as "Y" (yes) only when the individual is institutionalized for the entire span of eligibility for the month.</p>
LOW-INCOME SUBSIDY DETERMINATION HISTORY SECTION	<p>THE FOLLOWING FIELDS RELATE TO THE LOW INCOME SUBSIDY DETERMINATIONS.</p> <p>These fields will not be considered for the State/Plan Reconciliation Activity for Full Dual Beneficiaries.</p>
PART D SUBSIDY APPLICATION APPROVAL CODE	<p>NOT REQUIRED</p> <p>Identifies whether application was approved or not. Approved code values Y=yes, N=no , N/A=9</p>
PART D SUBSIDY APPROVED/DISAPPROVED DATE	<p>NOT REQUIRED</p> <p>Approved date MMDDCCYY. N/A='99999999' if unknown.</p>
PART D SUBSIDY START DATE	<p>NOT REQUIRED</p> <p>Subsidy Start Date MMDDCCYY. N/A= '99999999'. May not be earlier than 01/01/2006. Must be first day of the month in which application received by state.</p>

PART D SUBSIDY END DATE	<p>NOT REQUIRED</p> <p>Subsidy End Date MMDDCCYY; for determinations through 2006, end date is 12/31/2006. Thereafter, end date is determined by state, in manner and frequency state determines. N/A='99999999'.</p>
PART D % OF FPL	<p>NOT REQUIRED</p> <p>For those individuals who apply for the low income subsidy, identify the specific percent of Federal Poverty Level, as defined by Federal LIS income determination policy. Do not fill this out for those individuals who receive any Medicaid benefits, including payment of Medicare cost-sharing obligations. N/A='999'.</p>
PART D SUBSIDY LEVEL	<p>NOT REQUIRED</p> <p>Identifies portion of Part D premium subsidized, based on sliding scale linked to %FPL. If person is under 135% FPL, enter 100. If person is 136-140% FPL, enter 075. If person is 141-145% FPL, enter 050. If person is 146-149% FPL, enter 025. If person has 150% FPL, enter 000. N/A='999'.</p>
INCOME USED FOR DETERMINATION	<p>NOT REQUIRED</p> <p>Income Used Indicator 1=Individual, 2=Couple N/A='9'</p>
RESOURCE LEVEL	<p>NOT REQUIRED</p> <p>Resource Level 1=over limit, 2=under limit N/A='9'.</p>
BASIS OF PART D SUBSIDY DENIAL	<p>NOT REQUIRED</p> <p>Denial codes 1=NAB (Not enrolled in Medicare Part A or B), 2=NUS (Does not reside in the USA), 3=FTC (Failure to Cooperate), 4=RES (Resources too High), 5=INC (Income too High). N/A='9'</p>
RESULT OF AN APPEAL	<p>NOT REQUIRED</p> <p>Appeal Result Y=yes, N=no (Only populated if appeal is filed). N/A='9'.</p>
CHANGE TO PREVIOUS DETERMINATION	<p>NOT REQUIRED</p> <p>Change to Previous Determination Indicator</p>

	Y=yes, N=no. Enter Y if this record changes a determination sent in a previous transmission. Default is N. N/A='9'.
DETERMINATION CANCELLED	NOT REQUIRED  Cancelled Indicator Y=yes, N=no. Default is N. Enter Y if this record cancels previous record sent. N/A='9'.

**RECONCILIATION FILE TO CMS**  
**FULL DUAL**

**Trailer Record Physical Layout**

<u>FIELD NAME</u>	<u>FORMAT</u>	<u>&lt;-----POSITION-----&gt;</u>
		<u>START</u> <u>END</u>

RECORD IDENT CODE	X(03)	001	003
BENE RECORD COUNT	9(08)	004	011
STATE CODE	X(02)	012	013
CREATE MONTH	9(02)	014	015
CREATE YEAR	9(04)	016	019
FILLER	X(161)	020	180

## **RECONCILIATION FILE TO CMS** **FULL DUAL**

### **Trailer Record Data Element Specifications**

DATA ELEMENT NAME	SPECIFICATIONS
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RECORD IDENT CODE	Identifies Record as Trailer; always = `TRL`
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BENE RECORD COUNT	Total number of records on the file
STATE CODE	<b>State Code - Valid Code</b> Alabama AL Missouri MO Alaska AK Montana MT Arizona AZ Nebraska NE Arkansas AR Nevada NV California CA New Hampshire NH Colorado CO New Jersey NJ Connecticut CT New Mexico NM Delaware DE New York NY District of Columbia DC North Carolina NC Florida FL North Dakota ND Georgia GA Ohio OH Hawaii HI Oklahoma OK Idaho ID Oregon OR Illinois IL Pennsylvania PA Indiana IN Rhode Island RI Iowa IA South Carolina SC Kansas KS South Dakota SD Kentucky KY Tennessee TN Louisiana LA Texas TX Maine ME Utah UT Maryland MD Vermont VT Massachusetts MA Virginia VA Michigan MI Washington WA Minnesota MN West Virginia WV Mississippi MS Wisconsin WI Wyoming WY
CREATE MONTH	Month Code for Current Month - Valid Values (01 - 12) Calendar Month equals Month the file is created (e.g. January=01, December=12)  This is the month in which the State Reconciliation File was created by the state.
CREATE YEAR	Year Code for Current Year - i.e. 2006 Current Year equals Calendar Year the file is created  This is the year in which the State Reconciliation File was created by the state.



## Section 2. Reconciliation Response File Specifications

The Reconciliation Response File will be provided to the state through the Connect:Direct file transfer process upon the successful processing of a State Reconciliation Full Dual File. This process will parallel the process currently used to deliver the MMA State Monthly Response Files.

The return data set name will be the same data set name used to return the MMA State Monthly Response File, unless the state notifies CMS of an alternative name. This will ensure that CMS returns a file that complies with state system data set naming conventions. The file will be differentiated from the MMA State Monthly Response File by the Record-Identifier code value in the Header record. States that prefer to differentiate by the use of a different data set name must provide that name to CMS at least 2 weeks prior to State Reconciliation Full Dual File submittal. . Please forward requests for data set name changes to the following e-mail address and include “Request for MMA Dataset Name Change” in your Subject Line :

StateMMAdatafeed@cms.hhs.gov

Note that this file will have the same structure as the MMA State Monthly Response File with a few exceptions as noted in the Data Element Specifications and Physical Record Layouts. The content of this file will include the following:

1. Header Record with identifying information, record count summaries, and a copy of the incoming header record
2. Detail Record
  - a. Copy of the incoming state detail record
  - b. Series of edit error return codes  
**NOTE: There will be new return codes specialized for the State Reconciliation Full Dual file process.**
  - c. Large section of data from the Medicare Beneficiary Database including enrollment and plan information
3. File Summary Record will be supplied but not completely populated on the Reconciliation Response File
4. Month Summary Record will be supplied but not completely populated on the Reconciliation Response File
5. Trailer Record with identifying information and a copy of the incoming trailer record.

As with the MMA State Monthly Response Files, each detail record on the incoming State Reconciliation Full Dual File will appear on the Reconciliation Response File.

## **RECONCILIATION RESPONSE FILE TO STATE** **FULL DUAL**

### **Header Record Physical Layout**

<u>FIELD NAME</u>	<u>FORMAT</u>	<u>&lt;-----POSITION-----&gt;</u>	
		<u>START</u>	<u>END</u>
RECORD IDENT CODE	X(03)	0001	0003
FILE PROCESS TIMESTAMP	X(26)	0004	0029
FILE ACCEPT IND	X(01)	0030	0030
FILLER	X(01)	0031	0031
RECORDS TOTAL	9(08)	0032	0039
RECORDS DUPLICATE	9(08)	0040	0047
RECORDS NONDUP	9(08)	0048	0055

RECORDS VALID	9(08)	0056	0063
RECORDS INVALID	9(08)	0064	0071
RECORDS MATCHED	9(08)	0072	0079
RECORDS NOT MATCHED	9(08)	0080	0087
FILE CREATE MONTH	9(02)	0088	0089
FILE CREATE YEAR	9(04)	0090	0093
FILLER	X(22)	0094	0115

\*\*\*\*\*ORIG STATE HEADER REC 180 characters\*\*\*\*\*

RECORD IDENT CODE	X(03)	0116	0118
STATE CODE	X(02)	0119	0120
CREATE MONTH	9(02)	0121	0122
CREATE YEAR	9(04)	0123	0126
FILLER	X(169)	0127	0295

\*\*\*\*\*REMAINDER OF RECORD\*\*\*\*\*

FILLER	X(2666)	0296	2961
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# RECONCILIATION RESPONSE FILE TO STATE FULL DUAL

## Person-Level Detail Record Physical Layout

<u>FIELD NAME</u>	<u>FORMAT</u>	<u>&lt;-----POSITION-----&gt;</u>	
		<u>START</u>	<u>END</u>
*****ORIGINAL RECORD SUBMITTED BY STATE*****			
RECORD IDENT CODE	X(03)	0001	0003
ELIGIBILITY MONTH/YEAR	9(06)	0004	0009
ELIGIBILITY STATUS	X(01)	0010	0010
HIC	X(15)	0011	0025
HIC-RRB IND	X(01)	0026	0026
SOCIAL SECURITY NUM	9(09)	0027	0035
SMA IDENTIFIER	X(20)	0036	0055
FIRST NAME	X(12)	0056	0067
LAST NAME	X(20)	0068	0087
MIDDLE NAME	X(15)	0088	0102
SUFFIX NAME	X(04)	0103	0106
SEX	X(01)	0107	0107
DATE OF BIRTH	9(08)	0108	0115
DUAL STATUS CODE	9(02)	0116	0117
FPL % IND	9(01)	0118	0118
DRUG COVERAGE IND	9(01)	0119	0119
INSTITUTIONAL STATUS IND	X(01)	0120	0120
PART D SUBSIDY APPLICATION			
APPROVAL CODE <sup>1</sup>	X(01)	0121	0121
PART D SUBSIDY APPRVD/DISAPPRVD			
DATE <sup>2</sup>	9(08)	0122	0129
PART D SUBSIDY START			
DATE	9(08)	0130	0137
PART D SUBSIDY END			
DATE	9(08)	0138	0145
PART D % OF FPL	9(03)	0146	0148
PART D SUBSIDY LEVEL	9(03)	0149	0151
INCOME USED FOR			
DETERMINATION	X(01)	0152	0152
RESOURCE LEVEL	X(01)	0153	0153
BASIS OF PART D			
SUBSIDY DENIAL	X(01)	0154	0154
RESULT OF AN APPEAL	X(01)	0155	0155
CHANGE TO PREVIOUS			
DETERMINATION	X(01)	0156	0156
DETERMINATION CANCLD	X(01)	0157	0157
FILLER	X(23)	0158	0180

<sup>1</sup> Field formerly known as PART D SUBSIDY APPRVD

<sup>2</sup> Field formerly known as PART D SUBSIDY APPRVD/DISAPPRVD DATE

# RECONCILIATION RESPONSE FILE TO STATE FULL DUAL

## Person-Level Detail Record Physical Layout

<u>FIELD NAME</u>	<u>FORMAT</u>	<u>&lt;-----POSITION-----&gt;</u>	<u>START</u>	<u>END</u>
***** <b>ERROR RETURN CODES (ERC)</b> *****				
RECORD IDENT CODE ERC	X(02)		0181	0182
SERVICE MONTH/YEAR				
ERC	X(02)		0183	0184
ELIGIBILITY STATUS ERC	X(02)		0185	0186
HIC ERC	X(02)		0187	0188
HIC-RRB IND ERC	X(02)		0189	0190
SOCIAL SECURITY NUM ERC	X(02)		0191	0192
SEX ERC	X(02)		0193	0194
DATE OF BIRTH ERC	X(02)		0195	0196
DUAL STATUS CODE ERC	X(02)		0197	0198
FPL % IND ERC	X(02)		0199	0200
DRUG COVERAGE IND ERC	X(02)		0201	0202
INSTITUTIONAL STATUS IND				
ERC	X(02)		0203	0204
***** <b>ASSESSMENT RESULT CODES</b> *****				
<b>NOT FINAL</b>				
BENE MATCH RESULT CODE	X(02)		0205	0206
PTD ENRLMNT RESULT CODE	X(02)		0207	0208
PTD ELIGIBILITY RESULT CODE	X(02)		0209	0210
EMPLYR SBSDY RESULT CODE	X(02)		0211	0212
DATE OF DTH RESULT CODE	X(02)		0213	0214
INCRCTN STUS RESULT CODE	X(02)		0215	0216
PTD OPT OUT RESULT CODE	X(02)		0217	0218
POSTAL STATE RESULT CODE	X(02)		0219	0220
FILLER	X(08)		0221	0228
***** <b>CMS MBD FILE</b> *****				
RECORD RETURN CODE	X(06)		0229	0234
MEDICARE PART A/B FINDER CODE	X(01)		0235	0235
MEDICARE PART D FINDER CODE	X(01)		0236	0236
*** BENEFICIARY IDENTIFICATION ***				
BENE CLM ACNT NUM	X(09)		0237	0245
BENE IDENT CD	X(02)		0246	0247
BENE BIRTH DT	9(08)		0248	0255
BENE DEATH DT	9(08)		0256	0263

# RECONCILIATION RESPONSE FILE TO STATE FULL DUAL

## Person-Level Detail Record Physical Layout

<u>FIELD NAME</u>	<u>FORMAT</u>	<u>&lt;-----POSITION-----&gt;</u>	
		<u>START</u>	<u>END</u>
BENE SEX IDENT CD	X(01)	0264	0264
BENE GIVN NAME	X(30)	0265	0294
BENE MDL NAME	X(01)	0295	0295
BENE SURN NAME	X(40)	0296	0335
*** CROSS REFERENCE NUMBERS (10 TIMES) ***		0336	0445
XREF BENE CLM ACCT NUM	X(09)		
XREF BENE IDENT CODE	X(02)		
*** SOCIAL SECURITY NUMBERS (5 TIMES) ***		0446	0490
BENE SSN NUM	9(09)		
*** MAILING ADDRESS ***			
MLNG ADDR LINE1	X(40)	0491	0530
MLNG ADDR LINE2	X(40)	0531	0570
MLNG ADDR LINE3	X(40)	0571	0610
MLNG ADDR LINE4	X(40)	0611	0650
MLNG ADDR LINE5	X(40)	0651	0690
MLNG ADDR LINE6	X(40)	0691	0730
MLNG ADDR CITY NAME	X(40)	0731	0770
MLNG ADDR STATE CODE	X(02)	0771	0772
MLNG ADDR ZIP CD	X(09)	0773	0781
MLNG ADDR CHG DT	9(08)	0782	0789
*** RESIDENCE ADDRESS ***			
RSDNC ADDR LINE1	X(40)	0790	0829
RSDNC ADDR LINE2	X(40)	0830	0869
RSDNC ADDR LINE3	X(40)	0870	0909
RSDNC ADDR LINE4	X(40)	0910	0949
RSDNC ADDR LINE5	X(40)	0950	0989
RSDNC ADDR LINE6	X(40)	0990	1029
RSDNC ADDR CITY NAME	X(40)	1030	1069
RSDNC ADDR STATE CODE	X(02)	1070	1071
RSDNC ADDR ZIP CD	X(09)	1072	1080
RSDNC ADDR CHG DT	9(08)	1081	1088
*** REPRESENTATIVE PAYEE ***			
BENE REP PAYEE SW	X(01)	1089	1089
*** NON-ENTITLEMENT STATUS ***			
PRT A NENTLMT STUS CODE	X(01)	1090	1090
PRT B NENTLMT STUS CODE	X(01)	1091	1091
*** ENTITLEMENT REASON (5 TIMES) ***		1092	1151
BENE ENTLMT RSN CD			
CHG DT	9(08)		
BENE ENTLMT RSN CD	X(04)		

# RECONCILIATION RESPONSE FILE TO STATE FULL DUAL

## Person-Level Detail Record Physical Layout

<u>FIELD NAME</u>	<u>FORMAT</u>	<u>&lt;-----POSITION-----&gt;</u>	
		<u>START</u>	<u>END</u>
*** PART A ENTITLEMENT (5 TIMES) ***		1152	1241
BENE PTA ENTLMT STRT DT	9(08)		
BENE PTA ENTLMT END DT	9(08)		
BENE PTA ENRLMT RSN CD	X(01)		
BENE PTA ENTLMT STUS CD	X(01)		
*** PART B ENTITLEMENT (5 TIMES) ***		1242	1331
BENE PTB ENTLMT STRT DT	9(08)		
BENE PTB ENTLMT END DT	9(08)		
BENE PTB ENRLMT RSN CD	X(01)		
BENE PTB ENTLMT STUS CD	X(01)		
*** HOSPICE COVERAGE (5 TIMES) ***		1332	1411
BENE HSPC CVRG STRT DT	9(08)		
BENE HSPC CVRG END DT	9(08)		
*** DISABILITY INSURANCE (3 TIMES) ***		1412	1462
BENE DIB ENTLMT STRT DT	9(08)		
BENE DIB ENTLMT END DT	9(08)		
BENE DIB ENTLMT DT			
JSTFCTN CD	X(01)		
*** GROUP HEALTH ORGANIZATION (10 TIMES) ***		1463	1672
BENE GH0 ENRLMT STRT DT	9(08)		
BENE GH0 ENRLMT END DT	9(08)		
BENE GH0 CNTRCT NUM	X(05)		
*** MBD PLAN BENEFITS PACKAGE ELECTION (10 TIMES) ***		1673	1962
MBD GHP ENRL EFCTV DT	9(08)		
MBD PBP STRT DT	9(08)		
MBD PBP END DT	9(08)		
MBD PBP NUM	X(03)		
MBD PBP CVRG TYPE CD	X(02)		
*** END STAGE RENAL DISEASE COVERAGE ***			
BENE ESRD CVRG STRT DT	9(08)	1963	1970
BENE ESRD CVRG END DT	9(08)	1971	1978
BENE ESRD TRMNTN RSN CD	X(01)	1979	1979
*** END STAGE RENAL DISEASE DIALYSIS ***			
BENE ESRD DLYS STRT DT	9(08)	1980	1987
BENE ESRD DLYS END DT	9(08)	1988	1995

# RECONCILIATION RESPONSE FILE TO STATE FULL DUAL

## Person-Level Detail Record Physical Layout

<u>FIELD NAME</u>	<u>FORMAT</u>	<u>&lt;-----POSITION-----&gt;</u>	
		<u>START</u>	<u>END</u>
*** END STAGE RENAL DISEASE TRANSPLANT ***			
BENE ESRD TRNSPLNT			
STRT DT	9(08)	1996	2003
BENE ESRD TRNSPLNT			
END DT	9(08)	2004	2011
*** THIRD PARTY PART A HISTORY (5 TIMES) ***			
BENE PTA TP STRT DT	9(08)	2012	2111
BENE PTA TP PRM PYR CD	X(03)		
BENE PTA TP END DT	9(08)		
BENE PTA TP BUYIN			
ELGBLTY CD	X(01)		
*** THIRD PARTY PART B HISTORY (5 TIMES) ***			
BENE PTB TP STRT DT	9(08)	2112	2211
BENE PTB TP PRM PYR CD	X(03)		
BENE PTB TP TRMNTN DT	9(08)		
BENE PTB TP BUYIN			
ELGBLTY CD	X(01)		
*** PART D DATA ELEMENTS ***			
BENE FIRST ELIGIBLE PART D DATE	9(08)	2212	2219
BENE AFF DECL IND	X(01)	2220	2220
****BENE COPAY HISTORY(10 TIMES)****			
BENE LIS TYPE	X(01)	2221	2400
BENE COPAY LEVEL	X(01)		
BENE COPAY START DATE	9(08)		
BENE COPAY END DATE	9(08)		
****PART D PLAN BENEFIT PACKAGE(10 TIMES)			
BENE CONTRACT NUM	X(05)	2401	2650
BENE PTD PBP ENRLMNT STRT DT	9(08)		
BENE PTD PBP ENRLMNT END DT	9(08)		
BENE PTD PBP PLAN ID	X(03)		
BENE ENROLL TYPE IND	X(01)		
*** REMAINDER OF RECORD ***			
FILLER	X(311)	2651	2961



# RECONCILIATION RESPONSE FILE TO STATE FULL DUAL

## File Summary Record Physical Layout

<u>FIELD NAME</u>	<u>FORMAT</u>	<u>&lt;-----POSITION-----&gt;</u>	
		<u>START</u>	<u>END</u>
RECORD IDENT CODE	X(03)	0001	0003
STATE CODE	X(02)	0004	0005
FILE PROCESS TIMESTAMP	X(26)	0006	0031
FILE CREATE MONTH	9(02)	0032	0033
FILE CREATE YEAR	9(04)	0034	0037
FILLER [RECORDS TOTAL]	9(08)	0038	0045
FILLER [RECORDS DUPLICATE]	9(08)	0046	0053
FILLER [RECORDS NONDUP]	9(08)	0054	0061
FILLER [RECORDS VALID]	9(08)	0062	0069
FILLER [RECORDS INVALID]	9(08)	0070	0077
FILLER [RECORDS MATCH]	9(08)	0078	0085
FILLER [RECORDS NOT MATCHED]	9(08)	0086	0093
FILLER	X(01)	0094	0094
FILLER	X(20)	0095	0114
FILLER	X(26)	0115	0140
FILLER [VALID DUAL RECORDS]	9(08)	0141	0148
FILLER [VALID DUAL MATCHES]	9(08)	0149	0156
FILLER [VALID DUAL NONMATCHES]	9(08)	0157	0164
FILLER [VALID LIS RECORDS]	9(08)	0165	0172
FILLER [VALID CURRENT DUALS]	9(08)	0173	0180
FILLER [VALID RETRO DUALS]	9(08)	0181	0188
FILLER [TOTAL ELIG MONTHS]	9(02)	0189	0190
FILLER	X(2771)	0191	2961

# RECONCILIATION RESPONSE FILE TO STATE FULL DUAL

**Month Summary Record Physical Layout**  
**(One generated for each Eligibility month found in the file.)**

<u>FIELD NAME</u>	<u>FORMAT</u>	<u>&lt;-----POSITION-----&gt;</u>	
		<u>START</u>	<u>END</u>
RECORD IDENT CODE	X(03)	0001	0003
STATE CODE	X(02)	0004	0005
FILE PROCESS TIMESTAMP	X(26)	0006	0031
FILE CREATE MONTH	9(02)	0032	0033
FILE CREATE YEAR	9(04)	0034	0037
FILLER [ELIGIBILITY MONTH]	9(02)	0038	0039
FILLER [ELIGIBILITY YEAR]	9(04)	0040	0043
FILLER [CALCULATION SWITCH]	X(01)	0044	0044
FILLER [TOTAL VALID RECORDS]	9(08)	0045	0052
FILLER [TOTAL VALID FULL DUAL RECORDS]	9(08)	0053	0060
FILLER [TOTAL VALID NON-FULL DUAL RECORDS]	9(08)	0061	0068
FILLER [NET TOTAL VALID FULL DUAL ENROLLMENTS]	9(08)	0069	0076
FILLER [NET TOTAL VALID FULL DUAL DISENROLLMENTS]	9(08)	0077	0084
FILLER	X(2877)	0085	2961

**RECONCILIATION RESPONSE FILE TO STATE**  
**FULL DUAL**

**Trailer Record Physical Layout**

<u>FIELD NAME</u>	<u>FORMAT</u>	<u>&lt;-----POSITION-----&gt;</u> <u>START</u>	<u>END</u>
RECORD IDENT CODE	X(03)	0001	0003
FILE PROCESS TIMESTAMP	9(26)	0004	0029
FILE CREATE MONTH	9(02)	0030	0031
FILE CREATE YEAR	9(04)	0032	0035
FILE ACCEPT IND	X(01)	0036	0036
FILLER	X(07)	0037	0043
<b>*****ORIG STATE TRAILER REC 180 characters*****</b>			
RECORD IDENT CODE	X(03)	0044	0046
BENE RECORD COUNT	9(08)	0047	0054
STATE CODE	X(02)	0055	0056
CREATE MONTH	9(02)	0057	0058
CREATE YEAR	9(04)	0059	0062
FILLER	X(161)	0063	0223
<b>*****REMAINDER OF RECORD*****</b>			
FILLER	X(2738)	0224	2961

# **RECONCILIATION RESPONSE FILE TO STATE**

## **FULL DUAL**

### **Header Record Data Element Specifications**

RECORD IDENT CODE	"RCR"
FILE PROCESS TIMESTAMP	<p>Format: YYYY.MM.DD.hh.mm.ss.nnnn            YYYY = Year; MM = Month; DD = Day;            hh = hour; mm = minute; ss = second;            nnnnnn = microsecond</p> <p>The exact time that the state file had been processed.</p>
FILE ACCEPT IND	<p>Y = The state file had been accepted;            N = the state file had not been accepted.</p>
FILLER	File Certify will not be performed.
RECORDS TOTAL	The total number of detail records in the state file. RECORDS DUPLICATE + RECORDS NONDUP = RECORDS TOTAL. RECORDS VALID + RECORDS INVALID = RECORDS TOTAL.
RECORDS DUPLICATE	The total number of duplicate detail records found in the state file.
RECORDS NONDUP	The total number of non-duplicate detail records found in the state file.
RECORDS VALID	<p>The total number of valid detail records found in the file. Valid records are non-duplicate and provide valid essential information. See also Person-Level Record Detail Record Data Element Specifications.</p> <p>Additionally, a detail record will be considered Invalid if it does not have one of the following combinations of identifying information:</p> <ul style="list-style-type: none"> <li>- HICN or RRB, Social Security Number, Date of Birth</li> <li>- HICN or RRB, Date of Birth</li> <li>- Social Security Number, Date of Birth</li> <li>- SMA Identifier</li> </ul> <p>Specifications: Error Return Codes (ERC)            Person-Level Detail Record Data Element Specification            RECORDS MATCHED + RECORDS NOT MATCHED = RECORDS TOTAL.</p>

RECORDS INVALID	The total number of invalid detail records found in the file
RECORDS MATCHED	The total number of detail records that could be matched successfully to an individual on the Medicare Beneficiary Database. Detail Records found to be Invalid are not submitted to the Match processing.
RECORDS NOT MATCHED	The total number of detail records that could not be matched successfully to an individual on the Medicare Beneficiary Database. Includes Invalid detail records.
FILE CREATE MONTH	Month Code for Current Month - Valid Values (01 - 12)Calendar Month equals Month the file is created (e.g. January=01, December=12)  The month in which the file was created by CMS.
FILE CREATE YEAR	Year Code for Current Year - i.e. 2006 Current Year equals Calendar Year the file is created Create Year of the MMA State File  The year in which the file was created by CMS.
FILLER	
*****	<b>ORIGINAL STATE HEADER RECORD 180 BYTES</b>
RECORD IDENT CODE	"RCF"
STATE CODE	<b>State Code - Valid Code</b> Alabama AL Missouri MO Alaska AK Montana MT Arizona AZ Nebraska NE Arkansas AR Nevada NV California CA New Hampshire NH Colorado CO New Jersey NJ Connecticut CT New Mexico NM Delaware DE New York NY District of Columbia DC North Carolina NC North Dakota ND Florida FL Ohio OH Georgia GA Oklahoma OK

	Hawaii HI Oregon OR Idaho ID Pennsylvania PA Illinois IL Rhode Island RI Indiana IN South Carolina SC Iowa IA South Dakota SD Kansas KS Tennessee TN Kentucky KY Texas TX Louisiana LA Utah UT Maine ME Vermont VT Maryland MD Virginia VA Massachusetts MA Washington WA Michigan MI West Virginia WV Minnesota MN Wisconsin WI Mississippi MS Wyoming WY
CREATE MONTH	<p>Month Code for Current Month - Valid Values (01 - 12)Calendar Month equals Month the file is created (e.g. January=01, December=12)</p> <p>The month in which the State Reconciliation File was created by the state.</p>
CREATE YEAR	<p>Year Code for Current Year - i.e. 2006 Current Year equals Calendar Year the file is created</p> <p>The year in which the State Reconciliation File was created by the state.</p>
FILLER	
*****	<b>REMAINDER OF RECORD</b>
FILLER	

# **RECONCILIATION RESPONSE FILE TO STATE**

## **FULL DUAL**

### **Person-Level Detail Record Data Element Specifications**

*****	<b>ORIGINAL RECORD SUBMITTED BY STATE</b>
RECORD IDENT CODE	<p>MANDATORY</p> <p>This field will require the value "DET" for all detail records. Values other than "DET" will cause the record to be rejected.</p>
SERVICE MONTH/ SERVICE YEAR  <i>ELIGIBILITY MONTH/YEAR</i>	<p>MANDATORY</p> <p>Format :MMCCYY</p> <p>Calendar Month/Year for the month in which the claim service date occurred. Values before 012006 or after 032006 will cause the record to be rejected.</p>
ELIGIBILITY STATUS	<p>MANDATORY</p> <p>This field will require the value "Y". Values other than "Y" will cause the record to be rejected.</p>
HIC	<p>MANDATORY if Social Security Number is not provided.</p> <p>Health Insurance Claim Number or Railroad Retirement Board Number</p> <p>(NOTE: Alphanumeric Field - LEFT JUSTIFIED)</p>
HIC-RRB IND	<p>NOT MANDATORY</p> <p>Indicator for HIC or RRB - Valid Values: "R" for RRB and "H" for HIC; Indicates the type of value populating the HIC field above.</p>
SOCIAL SECURITY NUMBER	<p>MANDATORY if Health Insurance Claim Number or Railroad Retirement Board Number not provided</p> <p>Beneficiary's own Social Security Number</p> <p><b>Critical for detail record Validity (See SOCIAL SECURITY NUMBER ERC)</b></p>

SMA IDENTIFIER	<p>MANDATORY</p> <p>State Medicaid Agency Enrollee Identifier - For use by state in associating records on return file. For use by Claims Contractor to route claims during State/Plan Reconciliation.</p> <p>If there is no value in this field, the detail record will be rejected.</p>
FIRST NAME	<p>MANDATORY</p> <p>First Name (First 12 letters)</p>
LAST NAME	<p>MANDATORY</p> <p>Last Name (First 20 letters)</p>
MIDDLE NAME	<p>NOT MANDATORY</p> <p>Middle Name (First 15 letters)</p>
SUFFIX NAME	<p>MANDATORY if known.</p> <p>Suffix Name (First 4 letters)e.g., JR, III</p>
SEX	<p>MANDATORY</p> <p>Beneficiary Gender - Sex code values F=Female, M=Male, 9=Unknown</p>
DATE OF BIRTH	<p>MANDATORY</p> <p>MMDDCCYY: Month, day, century and year of Beneficiary Birth, (e.g. 05051935). If unknown = '99999999'</p> <p><b>Critical field for detail record Validity (See DATE OF BIRTH ERC)</b></p>
DUAL STATUS CODE	<p>MANDATORY</p> <p>If the value in this field is not 02, 04, or 08, then the record will be rejected.</p> <p>01 = Eligible is entitled to Medicare- QMB only  02 = Eligible is entitled to Medicare- QMB AND Full Medicaid coverage  03 = Eligible is entitled to Medicare- SLMB only  04 = Eligible is entitled to Medicare- SLMB AND Full Medicaid coverage  05 = Eligible is entitled to Medicare- QDWI  06 = Eligible is entitled to Medicare- Qualifying individuals  08 = Eligible is entitled to Medicare- Other</p>



	<p>Full Dual Eligibles (Non QMB, SLMB,QWDI or QI)with Full Medicaid coverage  09 = Eligible is entitled to Medicare - Other Dual Eligibles but without Medicaid coverage, includes Pharmacy Plus and 1115 drug-only demonstration.  If unknown = 99.</p>
FPL% IND	<p>MANDATORY if known</p> <p>Federal Poverty Level Indicator. Values: 1=at or below 100% FPL, 2=above 100% FPL. FPL is determined by the individual state.  If unknown = 9.  Include income based on the eligibility intake system, but do not derive this field from the Dual Status Code. If it is necessary to replace unknown FPL% IND values, CMS will derive the value using consistent rules.</p>
DRUG COVERAGE IND	<p>NOT MANDATORY</p> <p>0=no drug coverage by Medicaid; 1= Medicaid drug coverage.  If unknown = 9.  Effective January 2006, code this field as 9.</p>
INSTITUTIONAL STATUS IND	<p>MANDATORY</p> <p>Indicator of NURSING FACILITY, INTERMEDIATE CARE FACILITY/MENTALLY RETARDED or INPATIENT PSYCHIATRIC HOSPITAL: Values "Y" or "N".  If unknown = "9".  Code this field as "Y" (yes) only when the individual is institutionalized for the entire span of eligibility for the month.</p>
PART D SUBSIDY APPLICATION APPROVAL CODE  (formerly PART D SUBSIDY APPRVD)	<p>NOT REQUIRED</p> <p>Identifies whether application was approved or not. Approved code values Y=yes, N=no , N/A=9</p> <p><del>Essential for LIS detail record Validity (See PART D SUBSIDY APPRVD ERC)</del></p>
PART D SUBSIDY APPRVD/DISAPPRVD DATE  (formerly PART D SUBSIDY APPRVD DATE)	<p>NOT REQUIRED</p> <p>Approved date MMDDCCYY. N/A='99999999' if unknown.</p> <p><del>Essential for LIS detail record Validity (See PART D SUBSIDY APPRVD DATE ERC)</del></p>
PART D SUBSIDY START DATE	<p>NOT REQUIRED</p> <p>Subsidy Start Date MMDDCCYY. N/A= '99999999'.</p>

	<p>May not be earlier than 01/01/2006. Must be first day of the month in which application received by state.</p> <p><del>Essential for LIS detail record Validity (See PART D SUBSIDY START DATE ERC)</del></p>
PART D SUBSIDY END DATE	<p>NOT REQUIRED</p> <p>Subsidy End Date MMDDCCYY; for determinations through 2006, end date is 12/31/2006. Thereafter, end date is determined by state, in manner and frequency state determines. N/A='99999999'.</p>
PART D % OF FPL	<p>NOT REQUIRED</p> <p>For those individuals who apply for the low income subsidy, identify the specific percent of Federal Poverty Level, as defined by Federal LIS income determination policy. Do not fill this out for those individuals who receive any Medicaid benefits, including payment of Medicare cost-sharing obligations. N/A='999'.</p>
PART D SUBSIDY LEVEL	<p>NOT REQUIRED</p> <p>Identifies portion of Part D premium subsidized, based on sliding scale linked to %FPL. If person is under 135% FPL, enter 100. If person is 136-140% FPL, enter 075. If person is 141-145% FPL, enter 050. If person is 146-149% FPL, enter 025. If person has 150% FPL, enter 000. N/A='999'.</p>
INCOME USED FOR DETERMINATION	<p>NOT REQUIRED</p> <p>Income Used Indicator 1=Individual, 2=Couple N/A='9'</p>
RESOURCE LEVEL	<p>NOT REQUIRED</p> <p>Resource Level 1=over limit, 2=under limit N/A='9'.</p>
BASIS OF PART D SUBSIDY DENIAL	<p>NOT REQUIRED</p> <p>Denial codes:  1 = NAB (Not enrolled in Medicare Part A or B);  2 = NUS (Does not reside in the USA);  3 = FTC (Failure to cooperate);  4 = RES (Resources too high);  5 = INC (Income too high);  N/A = 9</p>

RESULT OF AN APPEAL	<p>NOT REQUIRED</p> <p>Appeal Result Y=yes, N=no (Only populated if appeal is filed). N/A='9'.</p>
CHANGE TO PREVIOUS DETERMINATION	<p>NOT REQUIRED</p> <p>Change to Previous Determination Indicator Y=yes, N=no. Enter Y if this record changes a determination sent in a previous transmission. Default is N. N/A='9'.</p>
DETERMINATION CANCLD	<p>NOT REQUIRED</p> <p>Cancelled Indicator Y=yes, N=no. Default is N. Enter Y if this record cancels previous record sent. N/A='9'.</p>
FILLER	
*****	<b>ERROR RETURN CODES (ERC)</b>
RECORD IDENTIFIER ERC	<p>If this field is invalid, the detail record is invalid.</p> <p style="text-align: center;">The only Valid Value for this file is "DET".</p> <p>00: Value is Valid 01: Invalid - Value is not in Valid Value Set 97: System processing error</p>
SERVICE MONTH/YEAR ERC	<p>If this field is invalid, the DET detail record is invalid.</p> <p>TO BE PROVIDED</p>
ELIGIBILITY STATUS ERC	<p>If this field is invalid, the DET detail record is invalid.</p> <p>TO BE PROVIDED</p>
HIC ERC	<p>00: Value is Valid 01: Invalid - Value is not in Valid Value Set 03: Invalid - Field is Empty 97: System processing error</p> <p><b>Critical Identification field:</b> Additionally, a detail record will be considered Invalid if it does not have one of the following combinations of identifying information:</p> <ul style="list-style-type: none"> <li>- HICN or RRB, Social Security Number, Date of Birth</li> <li>- HICN or RRB, Date of Birth</li> <li>- Social Security Number, Date of Birth</li> </ul>

HIC-RRB-IND ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value Set 97: System processing error
SOCIAL SECURITY NUM ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value Set 02: Invalid - Value is not Numeric 03: Invalid - Field is Empty 97: System processing error  <b>Critical Identification field:</b> Additionally, a detail record will be considered Invalid if it does not have one of the following combinations of identifying information: - HICN or RRB, Social Security Number, Date of Birth - HICN or RRB, Date of Birth - Social Security Number, Date of Birth
SEX ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value Set 97: System processing error
DATE OF BIRTH ERC	00: Value is Valid 02: Invalid - Value is not Numeric 04: Invalid - Date is Unknown 10: Invalid - Value is Future 11: Invalid - Month value is not between 01 and 12 inclusive 12: Invalid - Day value is out of range 21: Warning - Year is before 1899 ***** (Record is not Rejected) 97: System processing error  <b>Critical Identification field:</b> Additionally, a detail record will be considered Invalid if it does not have one of the following combinations of identifying information: - HICN or RRB, Social Security Number, Date of Birth - HICN or RRB, Date of Birth - Social Security Number, Date of Birth
DUAL STATUS CODE ERC	TO BE PROVIDED
FPL % IND ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value Set 99: Not Scanned - LIS record 97: System processing error
DRUG COVERAGE IND	00: Value is Valid

ERC	01: Invalid - Value is not in Valid Value Set 99: Not Scanned - LIS record 97: System processing error
INSTITUTIONAL STATUS IND ERC	00: Value is Valid 01: Invalid - Value is not in Valid Value set 99: Not Scanned - LIS record 97: System processing error
*****	<b>ASSESSMENT RESULT CODES</b>
BENE MATCH RESULT CODE	TO BE PROVIDED
PTD ENRLMNT RESULT CODE	TO BE PROVIDED
PTD ELIGIBILITY RESULT CODE	TO BE PROVIDED
EMPLYR SBSDY RESULT CODE	TO BE PROVIDED
DATE OF DTH RESULT CODE	TO BE PROVIDED
INCRCTN STUS RESULT CODE	TO BE PROVIDED
PTD OPT OUT RESULT CODE	TO BE PROVIDED
POSTAL STATE RESULT CODE	TO BE PROVIDED
FILLER	
*****	<b>CMS MBD FILE</b>
RECORD RETURN CODE	This field is an assessment of the detail record.  TO BE PROVIDED
MEDICARE PART A/B FINDER CODE	For Dual Eligible (DET) records, this field indicates the presence of Medicare Part A and/or Medicare Part B entitlement during the Eligibility Month/Year.  For Low-Income Subsidy (LIS) records, this field indicates the presence of Medicare Part A and/or Medicare Part B entitlement during the first month of the Subsidy period as given by the Part D Subsidy Apprvd/Disapprvd Date.  Values: 0 = The person had Medicare Part A and/or Medicare Part B

	1 = The person had neither Medicare Part A nor Medicare Part B.
MEDICARE PART D FINDER CODE	<p>For Dual Eligible (DET) records, this field indicates the presence of Medicare Part D enrollment during the Eligibility Month/Year.</p> <p>For Low-Income Subsidy (LIS) records, this field indicates the presence of Medicare Part D enrollment during the first month of the Subsidy period as given by the Part D Subsidy Apprvd/Disapprvd Date.</p> <p>Values:  0 = The person had Medicare Part D  1 = The person did not have Medicare Part D</p>
*****	<p><b>BENEFICIARY IDENTIFICATION</b></p> <p>This remainder of the record is populated if the person was found on the Medicare Beneficiary Database. A person will be found on the Medicare Beneficiary Database if they have Medicare.</p> <p>If the person is not found successfully on the Medicare Beneficiary Database, then the remainder of the record will be populated with spaces.</p>
BENE CLM ACNT NUM	The number identifying the primary Medicare Beneficiary under the SSA or RRB programs. This number along with the Beneficiary Identification Code uniquely identifies a Medicare Beneficiary.
BENE IDENT CD	A code that is used in conjunction with the Beneficiary Claim Account Number to uniquely identify a Medicare Beneficiary. The BIC Code establishes the beneficiary's relationship to a primary Social Security Administration (SSA) or Railroad Retirement Board (RRB) wage earner and is used to justify entitlement to Medicare benefits.
BENE BIRTH DT	The date of birth of the Medicare Beneficiary. MMDDCCYY: Month, day, century and year
BENE DEATH DT	The date of death of the Medicare Beneficiary. MMDDCCYY: Month, day, century and year
BENE SEX IDENT CD	<p>Represents the sex of the Medicare Beneficiary. Examples include: Male and Female</p> <p>Valid values:  0 = Unknown    1 = Male                      2 = Female</p>
BENE GIVN NAME	The first name of the beneficiary.
BENE MDL NAME	The middle initial of the Medicare Beneficiary

	middle name.
BENE SURN NAME	The last name (surname) of the Medicare Beneficiary including any following titles.
*****	<b>CROSS REFERENCE NUMBERS (10 OCCURRENCES)</b>
XREF BENE CLM ACCT NUM	An additional beneficiary claim account number associated with the Medicare Beneficiary. The beneficiary's entitlement has been cross-referenced from this number to the beneficiary's active claim account number.
XREF BENE IDENT CODE	The beneficiary's identification code associated with the Medicare Beneficiary's cross-referred claim account number.
*****	<b>SOCIAL SECURITY NUMBERS (5 OCCURRENCES)</b>
BENE SSN NUM	The beneficiary's identification number that was assigned by the Social Security Administration.
*****	<b>MAILING ADDRESS</b>
MLNG ADDR LINE 1	The first line of the address.
MLNG ADDR LINE 2	The second line of the street address.
MLNG ADDR LINE 3	The third line of the street address.
MLNG ADDR LINE 4	The fourth line of the mailing address.
MLNG ADDR LINE 5	The fifth line of the mailing address.
MLNG ADDR LINE 6	The sixth line of the mailing address.
MLNG ADDR CITY NAME	The name of the city for the Medicare Beneficiary's residence, or temporary residence and/or mailing address.
MLNG ADDR STATE CODE	The beneficiaries' postal state code.
MLNG ADDR ZIP CODE	The zip code associated with the address
MLNG ADDR CHG DT	The date a new or corrected address becomes effective for a Medicare Beneficiary. MMDDCCYY: Month, day, century and year
*****	<b>RESIDENCE ADDRESS</b>
RSDNC ADDR LINE 1	The first line of the address.
RSDNC ADDR LINE 2	The second line of the street address.
RSDNC ADDR LINE 3	The third line of the street address.

RSDNC ADDR LINE 4	The fourth line of the mailing address.
RSDNC ADDR LINE 5	The fifth line of the mailing address.
RSDNC ADDR LINE 6	The sixth line of the mailing address.
RSDNC ADDR CITY NAME	The name of the city for the Medicare Beneficiary's residence, or temporary residence and/or mailing address.
RSDNC ADDR STATE CODE	The beneficiaries' postal state code.
RSDNC ADDR ZIP CODE	The zip code associated with the address
RSDNC ADDR CHG DT	The date a new or corrected address becomes effective for a Medicare Beneficiary. MMDDCCYY: Month, day, century and year
*****	<b>REPRESENTATIVE PAYEE</b>
BENE REP PAYEE SW	A switch that indicates whether the beneficiary has a Representative Payee for social security cash benefit purposes. Values: N = Field is not applicable, no rep payee indicated Y = Beneficiary has designated a representative payee
*****	<b>NON-ENTITLEMENT STATUS</b>
PRT A NENTLMT STUS CODE	The reason for a beneficiary's current non-entitlement to Part A Medicare Benefits. Values: D = Coverage was denied F = Terminated due to invalid enrollment or enrollment voided H = Not eligible for free Part A, or did not enroll for premium Part A R = Refused benefits N Not a valid SSA HIC, but used by CMS' Third Party system to indicate a potential PTA entitlement date
PRT B NENTLMT STUS CODE	The reason for a beneficiary's current non-entitlement to Part B Medicare Benefits. Values: D = Coverage was denied N = No (Foreign/Puerto Rican beneficiary not entitled to SMI) Also, dually/technically, beneficiary is not entitled to SMI. R = Refused benefits
*****	<b>ENTITLEMENT REASON (5 OCCURRENCES)</b>
BENE ENTLMT RSN CD CHG DT	The date that the reason for entitlement was changed for a beneficiary. This is not the effective date of entitlement. MMDDCCYY: Month, day, century and year



BENE ENTLMT RSN CD	This code identifies the reason for the beneficiary's entitlement to Medicare Benefits. Values are: 0 = Beneficiary insured due to age (OASI); 1 = Beneficiary insured due to disability; 2 = Beneficiary insured due to End Stage; Renal Disease (ESRD); 3 = Beneficiary insured due to disability and current ESRD.
*****	<b>PART A ENTITLEMENT (5 OCCURRENCES)</b>
BENE PTA ENTLMT STRT DT	The date a beneficiary became entitled to Medicare Benefits. MMDDCCYY: Month, day, century and year
BENE PTA ENTLMT END DT	The Medicare program entitlement termination date for a beneficiary. The last day that a beneficiary is entitled to benefits. After this day the benefits are terminated. MMDDCCYY: Month, day, century and year
BENE PTA ENRLMT RSN CD	This code is used by SSA to reflect information about a specific Part A enrollment is based upon equitable relief (and Medicare's usual business rules for Part B start Date may not be appropriate) Values: A = Attainment of age 65 B = Equitable relief D = Disability G = General Enrollment Period I = Initial Enrollment Period J = MQGE Entitlement K = Renal disease is or was a reason for entitlement prior to age 65 or 25th month of disability L = Late filing M = Termination based on renal entitlement but entitlement based on disability continues N = Age 65 and uninsured P = Potentially insured beneficiary is enrolled for Medicare coverage only Q = Quarters of coverage requirements are involved R = Residency requirements are involved T = Disabled working individual U = Unknown Blank = Not applicable
BENE PTA ENTLMT STUS CD	Represent the Medicare Part A entitlement status for a beneficiary. Values are: E = Free Part A Entitlement G = Entitled due to good cause

	<p>Y = Currently entitled, premium is payable</p> <p>Valid values when Part A Entitlement Effective date and Termination Date are present:  C = No longer entitled due to disability cessation  S = Terminated, no longer entitled under ESRD provision  T = Terminated for non-payment of premiums  W = Voluntary withdrawal from premium coverage  X = Free Part A terminated or refused HI</p> <p>Valid Values when there is no Part A Entitlement date (and no Part A termination date):  D = COVERAGE WAS DENIED  F = TERMINATED DUE TO INVALID ENROLLMENT OR ENROLLMENT VOIDED  H = NOT ELIGIBLE FOR FREE PART A, OR DID NOT ENROLL FOR PREMIUM PART A  R = REFUSED BENEFITS  N = NOT A VALID SSA HOC, BUT USED BY HCFA'S THIRD PARTY SYSTEM TO INDICATE A 'POTENTIAL' PTA ENTITLEMENT DATE</p>
*****	<b>PART B ENTITLEMENT (5 OCCURRENCES)</b>
BENE PTB ENTLMT STRT DT	<p>The date a beneficiary became entitled to Medicare Benefits.  MMDDCCYY: Month, day, century and year</p>
BENE PTB ENTLMT END DT	<p>The Medicare program entitlement termination date for a beneficiary. The last day that a beneficiary is entitled to benefits. After this day the benefits are terminated.  MMDDCCYY: Month, day, century and year</p>
BENE PTB ENRLMT RSN CD	<p>This code is used by SSA to reflect information about a specific Part B enrollment is based upon equitable relief (and Medicare's usual business rules for Part B start Date may not be appropriate)  Valid values:  B = Equitable relief  C = Good Cause  D = Deemed date of birth  F = Working Aged  G = General enrollment period  I = Initial enrollment period  K = Renal disease is or was a reason for entitlement prior to age 65 or 25th month of disability</p>

	<p>M = Termination based on renal entitlement but entitlement based on disability continues R Residency requirements are involved</p> <p>S = State Buy-In</p> <p>U = Unknown</p>
BENE PTB ENTLMT STUS CD	<p>This code represents the Part B Medicare entitlement status for a beneficiary.</p> <p>Valid values when Part B Entitlement Effective date is present and Termination Date is blank: G Entitled due to good cause Y Currently entitled, premium is payable</p> <p>Valid values when Part B Entitlement Effective date and Termination Date are present: C No longer entitled due to disability cessation F Terminated due to invalid enrollment or enrollment voided S Terminated, no longer entitled under ESRD provision T Terminated for non-payment of premiums W Voluntary withdrawal from premium coverage</p> <p>Valid Values when there is no Part B entitlement date (and no Part B termination date): D = COVERAGE WAS DENIED N = NO (FOREIGN/PUERTO RICAN BENEFICIARY NOT ENTITLED TO SMI. ALSO DUAL/TECHNICALLY BENEFICIARY IS NOT ENTITLED TO SMI) R = REFUSED BENEFITS</p>
*****	<b>HOSPICE COVERAGE (5 OCCURRENCES)</b>
BENE HSPC CVRG STRT DT	<p>The elected start date of a beneficiary's period of Hospice Coverage. MMDDCCYY: Month, day, century and year</p>
BENE HSPC CVRG END DT	<p>The termination date of a beneficiary's period of Hospice Coverage. MMDDCCYY: Month, day, century and year</p>
*****	<b>DISABILITY INSURANCE (3 OCCURRENCES)</b>
BENE DIB ENTLMT STRT DT	<p>The date that a beneficiary covered by the SSA disability program becomes entitled to Medicare benefits. MMDDCCYY: Month, day, century and year</p>
BENE DIB ENTLMT END DT	<p>The date that Medicare benefits due to disability end for a beneficiary who was covered by the SSA disability program. MMDDCCYY: Month, day, century and year</p>

BENE DIB ENTLMT DT JSTFCTN CD	<p>The justification for a beneficiary's Part A and/or Part B Medicare entitlement dates based upon his/her disability insurance benefits (DIB) status.</p> <p>1 = BENEFICIARY IS ENTITLED TO MEDICARE COVERAGE DUE TO PRIOR PERIODS OF SSA DISABILITY ENTITLEMENT  A = BENEFICIARY IS ENTITLED TO MEDICARE BASED UPON SSA DISABILITY AND THE 24 MONTH WAITING PERIOD HAS BEEN WAIVED  BLANK = N/A</p>
*****	<b>GROUP HEALTH ORGANIZATION (10 OCCURRENCES)</b>
BENE GH0 ENRLMT STRT DT	<p>The date that the beneficiary enrolled in the Service Elections.  MMDDCCYY: Month, day, century and year</p>
BENE GH0 ENRLMT END DT	<p>The date that the beneficiary disenrolled in the Service Elections.  MMDDCCYY: Month, day, century and year</p>
BENE GH0 CNTRCT NUM	<p>Unique identification for an agreement between HCFA and a Managed Care Organization (MCO) enabling the MCO to provide Medicare + choice coverage to eligible beneficiaries.</p>
*****	<b>MBD PLAN BENEFIT PACKAGE ELECTION (10 OCCURRENCES)</b>
MBD GHP ENRLMT EFCTV DT	<p>The date that the beneficiary enrolled in the Service Elections.  MMDDCCYY: Month, day, century and year</p>
MBD PBP STRT DT	<p>Date the PBP election started.  MMDDCCYY: Month, day, century and year</p>
MBD PBP END DT	<p>Date the PBP election ended.  MMDDCCYY: Month, day, century and year</p>
MBD PBP NUM	<p>A unique identifier for the managed care benefit package.</p>
MBD PBP CVRG TYPE CD	<p>Identifies the type of managed care enrollment or FFS period.</p> <p>3 =CCP COORDINATED CARE PLAN  6 = PACE PACE PROGRAM OF ALL INCLUSIVE CARE FOR THE ELDERLY  8 =DEMODEMONSTRATION  5 = PFFS PRIVATE FEE FOR SERVICE  10 = Cost/HCPPCOST/HEALTH CARE PREPAYMENT PLAN  9 = FFS (FEE FOR SERVICE)</p>
*****	<b>END STAGE RENAL DISEASE COVERAGE (1</b>

	<b>OCCURRENCE)</b>
BENE ESRD CVRG STRT DT	The date on which the beneficiary is entitled to Medicare in some part because of a diagnosis of End Stage Renal Disease. MMDDCCYY: Month, day, century and year
BENE ESRD CVRG END DT	The date on which the beneficiary is no longer entitled to Medicare under ESRD Provisions. MMDDCCYY: Month, day, century and year
BENE ESRD TRMNTN RSN CD	The reason Medicare-Based ESRD coverage was terminated. DATA VALIDATION:  A = Month of transplant plus 36 months; B = Last month of chronic dialysis; C = Part A termination; D = Death; E = ESRD ended
*****	<b>END STAGE RENAL DISEASE DIALYSIS (1 OCCURRENCE)</b>
BENE ESRD DLYS STRT DT	A date that indicates when the ESRD Dialysis started. MMDDCCYY: Month, day, century and year
BENE ESRD DLYS END DT	A date that indicates when ESRD Dialysis ended. MMDDCCYY: Month, day, century and year
*****	<b>END STAGE RENAL DISEASE TRANSPLANT (1 OCCURRENCE)</b>
BENE ESRD TRNSPLNT STRT DT	A date that indicates when a Kidney Transplant Operation Occurred. MMDDCCYY: Month, day, century and year
BENE ESRD TRNSPLNT END DT	A date that indicates when a Kidney Transplant failed. MMDDCCYY: Month, day, century and year
*****	<b>THIRD PARTY PART A HISTORY (5 OCCURRENCES)</b>
BENE PTA TP STRT DT	The start date of a private third party group's or state's liability for a beneficiary's Part A premium. MMDDCCYY: Month, day, century and year
BENE PTA TP PRM PYR CD	Part A - The identifier for a third party agency (either a private group's, state buy-in agency) responsible for paying a beneficiary's Medicare Part A premium.  Part A: S01- S99 State billing T01-Z98 Private Third Party Billing

	Z99 Conditional State Group Payer Enrollment.
BENE PTA TP END DT	The termination date of a private third party group's or state's liability for a beneficiary's Part A premium. MMDDCCYY: Month, day, century and year
BENE PTA TP BUYIN ELGBLTY CD	A code that indicates the reason for Part A state buy-in eligibility.  A = AGED RECIPIENT OF SSI PAYMENTS (CMS TO STATE) B = BLIND RECIPIENT OF SSI PAYMENTS (CMS TO STATE) C = ENTITLED TO PART A OF TITLE IV (AFDC) (STATE TO CMS) D = DISABLE RECIPIENT OF SSI PAYMENTS (CMS TO STATE) E = AGED RECIPIENT OF SUPPLEMENTAL PAYMENT ADMINISTERED BY SSA (CMS TO STATE) F = BLIND RECIPIENT OF SUPPLEMENTAL PAYMENT ADMINISTERED BY SSA (CMS TO STATE) G = DISABLED RECIPIENT OF SUPPLEMENTAL PAYMENT ADMINISTERED BY SSA (CMS TO STATE) H = AGED, BLIND, OR DISABLED RECIPIENT OF A ONE-TIME PAYMENT (OTP) (CMS TO STATE) M = ENTITLED TO MEDICAL ASSISTANCE ONLY (MAO), NON-CASH RECIPIENT (STATE TO CMS) Z = DEEMED CATEGORICALLY NEEDY (STATE TO CMS)
*****	<b>THIRD PARTY PART B HISTORY (5 OCCURRENCES)</b>
BENE PTB TP STRT DT	The start date of a private third party group's or state's liability for a Part B premium. MMDDCCYY: Month, day, century and year
BENE PTB TP PRM PYR CD	Part B - The identifier for a third party agency (either a private group, state buy-in agency or the Office of Personnel Management (OPM) responsible for paying a beneficiary's Medicare Part B premium.  Part B: Blank No Bill Determined 000 Beneficiary is having Part B premium deducted from Title II check 001 Uninsured beneficiary 005 Insured beneficiary 006 Program Service Center control, no bill 007 Special age 72 enrollee 008 PSC annual billing

	010- 650      State billing 700              Office of Personnel Management (OPM) A01-R99        Group Payers for Part B premiums.
BENE PTB TP TRMNTN DT	The termination date of a private third party group's or state's liability for a beneficiary's Part B premium. MMDDCCYY: Month, day, century and year
BENE PTB TP BUYIN ELGBLTY CD	A code that indicates the reason for Part B state buy-in eligibility.  A = AGED RECIPIENT OF SSI PAYMENTS (CMS TO STATE) B = BLIND RECIPIENT OF SSI PAYMENTS (CMS TO STATE) C = ENTITLED TO PART A OF TITLE IV (AFDC) (STATE TO CMS) D = DISABLE RECIPIENT OF SSI PAYMENTS (CMS TO STATE) E = AGED RECIPIENT OF SUPPLEMENTAL PAYMENT ADMINISTERED BY SSA (CMS TO STATE) F = BLIND RECIPIENT OF SUPPLEMENTAL PAYMENT ADMINISTERED BY SSA (CMS TO STATE) G = DISABLED RECIPIENT OF SUPPLEMENTAL PAYMENT ADMINISTERED BY SSA (CMS TO STATE) H = AGED, BLIND, OR DISABLED RECIPIENT OF A ONE-TIME PAYMENT (OTP) (CMS TO STATE) M = ENTITLED TO MEDICAL ASSISTANCE ONLY (MAO), NON-CASH RECIPIENT (STATE TO CMS) Z = DEEMED CATEGORICALLY NEEDY (STATE TO CMS)
*****	<b>PART D DATA ELEMENTS</b>
BENE FIRST ELIGIBLE PART D DATE	The first date on which a beneficiary had become eligible for Medicare Part D, whether or not enrolled on a Medicare Part D plan.
BENE AFF (AFFIRMATIVELY) DEC (DECLINE) INDICATOR	An indicator providing whether or not a beneficiary had chosen not to be auto-enrolled by CMS in a Medicare Part D plan. Values: Y = YES SPACE, N = NO
*****	BENE COPAY HISTORY (10 TIMES)
BENE LIS TYPE	A code indicating whether the beneficiary was determined eligible for Low-Income Subsidy or Deemed eligible. Values: L = Low-Income Subsidy (LIS) D = Deemed
BENE COPAY LEVEL	An indicator providing the level of copay granted to the beneficiary. Values: If BENE LIS TYPE = L 1 = HIGH 4 = 15%

	If BENE LIS TYPE = D 1 = HIGH 2 = LOW 3 = 0 (ZERO)
BENE COPAY START DATE	The effective date of the copay period. Format: <b>MMDDCCYY</b>
BENE COPAY END DATE	The end date of the copay period. Format: <b>MMDDCCYY</b>
*****	PART D PLAN BENEFIT PACKAGE (10 TIMES)
BENE CONTRACT NUM (NUMBER)	Unique identifications for an agreement between CMS and a managed care organization or PDP sponsor enabling the plan to provide Medicare Part D prescription drug coverage.
BENE PTD PBP ENRLMNT STRT DT	The effective date that the beneficiary was enrolled in the Service Elections (PBP). Format: <b>MMDDCCYY</b>
BENE PTD PBP ENRLMNT END DT	The end date of the beneficiary's enrollment in the Service Elections (PBP). Format: <b>MMDDCCYY</b>
BENE PTD PBP PLAN ID	A unique identifier for the managed care benefit package. For Medicare Part D, this number is a unique identification for an agreement between CMS and a Medicare Part D provider, enabling the Medicare Part D provider to provide prescription drug coverage to eligible beneficiaries.
BENE ENROLL TYPE IND (INDICATOR)	An indicator providing the type of enrollment performed. Values: A = Auto-Enrolled B = Beneficiary Election C = Facilitated Enrollment D = System-Generated Enrollment (Rollover)
*****	<b>REMAINDER OF RECORD</b>
FILLER	

**RECONCILIATION RESPONSE FILE TO STATE**  
**FULL DUAL**



## File Summary Record Data Element Specifications

### NOT COMPLETELY POPULATED ON RECONCILIATION RESPONSE FILE

RECORD IDENT CODE	"FSM"	
STATE CODE	State Code - Valid Code	
	Alabama	AL
	Missouri	MO
	Alaska	AK
	Montana	MT
	Arizona	AZ
	Nebraska	NE
	Arkansas	AR
	Nevada	NV
	California	CA
	New Hampshire	NH
	Colorado	CO
	New Jersey	NJ
	Connecticut	CT
	New Mexico	NM
	Delaware	DE
	New York	NY
	District of Columbia	DC
	North Carolina	NC
	North Dakota	ND
	Florida	FL
	Ohio	OH
	Georgia	GA
	Oklahoma	OK
	Hawaii	HI
	Oregon	OR
	Idaho	ID
	Pennsylvania	PA
	Illinois	IL
	Rhode Island	RI
	Indiana	IN
	South Carolina	SC
	Iowa	IA
	South Dakota	SD
	Kansas	KS
	Tennessee	TN
	Kentucky	KY
	Texas	TX
	Louisiana	LA
	Utah	UT
	Maine	ME
	Vermont	VT
	Maryland	MD
	Virginia	VA
	Massachusetts	MA
	Washington	WA
	Michigan	MI
	West Virginia	WV
	Minnesota	MN
	Wisconsin	WI

	Mississippi MS Wyoming WY
FILE PROCESS TIMESTAMP	Format: YYYY.MM.DD.hh.mm.ss.nnnn YYYY = Year; MM = Month; DD = Day; hh = hour; mm = minute; ss = second; nnnnnn = microsecond  The exact time that the state file had been processed.
FILE CREATE MONTH	Month Code for Current Month - Valid Values (01 - 12)Calendar Month equals Month the file is created (e.g. January=01, December=12) The month in which the MMA state file was created.
FILE CREATE YEAR	Year Code for Current Year - i.e. 2006 Current Year equals Calendar Year the file is created The year in which the MMA state file was created.
RECORDS TOTAL	DEFAULT TO ZEROS
RECORDS DUPLICATE	DEFAULT TO ZEROS
RECORDS NONDUP	DEFAULT TO ZEROS
RECORDS VALID	DEFAULT TO ZEROS
RECORDS INVALID	DEFAULT TO ZEROS
RECORDS MATCHED	DEFAULT TO ZEROS
RECORDS NOT MATCHED	DEFAULT TO ZEROS
FILLER	File Certify will not be performed.
FILLER	File Certify will not be performed.
FILLER	File Certify will not be performed.
VALID DUAL RECORDS	DEFAULT TO ZEROS
VALID DUAL MATCHES	DEFAULT TO ZEROS

VALID DUAL NONMATCHES	DEFAULT TO ZEROS
VALID LIS RECORDS	DEFAULT TO ZEROS
VALID CURRENT DUALS	DEFAULT TO ZEROS
VALID RETRO DUALS	DEFAULT TO ZEROS
TOTAL ELIG MONTHS	DEFAULT TO ZEROS
FILLER	

**RECONCILIATION RESPONSE FILE TO STATE**  
**FULL DUAL**

## Month Summary Record Data Element Specifications

### NOT COMPLETELY POPULATED ON RECONCILIATION RESPONSE FILE

*****	ONE OF THESE RECORDS WILL BE GENERATED FOR EACH ELIGIBILITY MONTH FOUND IN THE FILE.	
RECORD IDENT CODE	"MSM"	
STATE CODE	<b>State Code - valid Code</b> Alabama AL Missouri MO Alaska AK Montana MT Arizona AZ Nebraska NE Arkansas AR Nevada NV California CA New Hampshire NH Colorado CO New Jersey NJ Connecticut CT New Mexico NM Delaware DE New York NY District of Columbia DC North Carolina NC North Dakota ND Florida FL Ohio OH Georgia GA Oklahoma OK Hawaii HI Oregon OR Idaho ID Pennsylvania PA Illinois IL Rhode Island RI Indiana IN South Carolina SC Iowa IA South Dakota SD Kansas KS Tennessee TN Kentucky KY Texas TX Louisiana LA Utah UT Maine ME Vermont VT Maryland MD Virginia VA Massachusetts MA	

	Washington WA Michigan MI West Virginia WV Minnesota MN Wisconsin WI Mississippi MS Wyoming WY
FILE PROCESS TIMESTAMP	Format: The exact time that the state file had been processed.
FILE CREATE MONTH	Month Code for Current Month - Valid Values (01 - 12)Calendar Month equals Month the file is created (e.g. January=01, December=12) Create Month of the MMA State File
FILE CREATE YEAR	Year Code for Current Year - i.e. 2006 Current Year equals Calendar Year the file is created Create Year of the MMA State File
ELIGIBILITY MONTH	DEFAULT TO ZEROS
ELIGIBILITY YEAR	DEFAULT TO ZEROS
CALCULATION SWITCH	DEFAULT TO SPACE
TOTAL VALID RECORDS	DEFAULT TO ZEROS
TOTAL VALID FULL DUAL RECORDS	DEFAULT TO ZEROS
TOTAL VALID NON- FULL DUAL RECORDS	DEFAULT TO ZEROS
NET TOTAL VALID FULL DUAL ENROLLMENTS	DEFAULT TO ZEROS
NET TOTAL VALID FULL DUAL DISENROLLMENTS	DEFAULT TO ZEROS
FILLER	

**RECONCILIATION RESPONSE FILE TO STATE**  
**FULL DUAL**

## Trailer Record Data Element Specifications

RECORD IDENT CODE	"TRL"																																		
FILE PROCESS TIMESTAMP	<p>Format: YYYY.MM.DD.hh.mm.ss.nnnn            YYYY = Year; MM = Month; DD = Day;            hh = hour; mm = minute; ss = second;            nnnnnn = microsecond</p> <p>The exact time that the state file had been processed.</p>																																		
FILE CREATE MONTH	<p>Month Code for Current Month - Valid Values (01 - 12) Calendar Month equals Month the file is created (e.g. January=01, December=12)</p> <p>The month in which the Reconciliation Response File was created by CMS.</p>																																		
FILE CREATE YEAR	<p>Year Code for Current Year - i.e. 2006            Current Year equals Calendar Year the file is created</p> <p>The year in which the Reconciliation Response File was created by CMS.</p>																																		
FILE ACCEPT IND	<p>Y = The state file had been accepted;            N = the state file had not been accepted.</p>																																		
FILLER																																			
*****	<b>ORIGINAL STATE TRAILER RECORD (180 BYTES)</b>																																		
RECORD IDENT CODE	Identifies Record as Trailer always = "TRL"																																		
BENE RECORD COUNT	Total number of records on the file																																		
STATE CODE	<p><b>State Code - Valid Code</b></p> <table> <tr><td>Alabama</td><td>AL</td></tr> <tr><td>Missouri</td><td>MO</td></tr> <tr><td>Alaska</td><td>AK</td></tr> <tr><td>Montana</td><td>MT</td></tr> <tr><td>Arizona</td><td>AZ</td></tr> <tr><td>Nebraska</td><td>NE</td></tr> <tr><td>Arkansas</td><td>AR</td></tr> <tr><td>Nevada</td><td>NV</td></tr> <tr><td>California</td><td>CA</td></tr> <tr><td>New Hampshire</td><td>NH</td></tr> <tr><td>Colorado</td><td>CO</td></tr> <tr><td>New Jersey</td><td>NJ</td></tr> <tr><td>Connecticut</td><td>CT</td></tr> <tr><td>New Mexico</td><td>NM</td></tr> <tr><td>Delaware</td><td>DE</td></tr> <tr><td>New York</td><td>NY</td></tr> <tr><td>District of Columbia</td><td>DC</td></tr> </table>	Alabama	AL	Missouri	MO	Alaska	AK	Montana	MT	Arizona	AZ	Nebraska	NE	Arkansas	AR	Nevada	NV	California	CA	New Hampshire	NH	Colorado	CO	New Jersey	NJ	Connecticut	CT	New Mexico	NM	Delaware	DE	New York	NY	District of Columbia	DC
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	North Carolina NC North Dakota ND Florida FL Ohio OH Georgia GA Oklahoma OK Hawaii HI Oregon OR Idaho ID Pennsylvania PA Illinois IL Rhode Island RI Indiana IN South Carolina SC Iowa IA South Dakota SD Kansas KS Tennessee TN Kentucky KY Texas TX Louisiana LA Utah UT Maine ME Vermont VT Maryland MD Virginia VA Massachusetts MA Washington WA Michigan MI West Virginia WV Minnesota MN Wisconsin WI Mississippi MS Wyoming WY
CREATE MONTH	<p>Month Code for Current Month - Valid Values (01 - 12)Calendar Month equals Month the file is created (e.g. January=01, December=12</p> <p>The month in which the State Reconciliation File was created by the state.</p>
CREATE YEAR	<p>Year Code for Current Year - i.e. 2006 Current Year equals Calendar Year the file is created</p> <p>The year in which the State Reconciliation File was created by the state.</p>
FILLER	
*****	REMAINDER OF RECORD
FILLER	